

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.

APPLICANT(S)

FILING DATE

1-4-01

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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49						
50						
TOTAL IND.	4		4		4	
TOTAL DEP.	10		10		10	
TOTAL CLAIMS	16		16		16	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			4		4	
TOTAL DEP.			10		10	
TOTAL CLAIMS	16		16		16	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY